t0/67829q

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Substitute for Form PTO-875

8404.005

	A		SMALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY						
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA			RATE (S)	FEE (\$)	1	RATE (\$)	FEE (\$)
	SIC FEE CFR 1.16(a), (b), or (c	e))	N/A		N/A			N/A		1	N/A	
SE/	ARCH FEE CFR 1.16(k), (!), or (17		N/A		N/A			NA		1	N/A	
EX	AMINATION FEE CFR 1.16(o), (p), or (c		N/A		N/A			N/A		1	N/A	
TO	TAL CLAIMS CFR 1.18(I))	0	minus 20	. 0	0			x 25 =	0	OR	x 50 =	0
IND	EPENDENT CLAI	MS 0	minus 3	0	0			x 100 =	0		x 200 =	0
APF	APPLICATION SIZE FEE (37 CFR 1.18(s)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for smail entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							125	0		250	0
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I))							NA			N/A	
-101	* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL	0		TOTAL	0
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
A F		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES EXT			RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ENDMENT	Total (37 CFR 1.16(1))	16	Minus	2038	-	0		x 25 =	0	OR	x 50 =	0
2	Independent (37 CFR 1.16(h))	. 2	Minus *	3	=	0		x 100 =	0	OR	x 200 =	0
AME	Application Size Fee (37 CFR 1.16(s))							125	0		250	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16g))							N/A		OR	N∕A	
10	(Cotumn 2) (Cotumn 3)							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	0
NT B		CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES	SENT		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ENDMENT	Total (37 CFR 1.16(1))	· α_{H}	Minus	50	2			x 25 ₌	0	OR	x 50 ±	0
19	independent (37 CFR 1.16(h))		Magana 1.		=			x 100 =	0	OR	x 200 =	0
1 1		ш}										

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1))

Application Size Fee (37 CFR 1.16(s))

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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0

0

OR

OR

NA

ADD'L FEE

TOTAL

250

N/A

ADD'L FEE

TOTAL

0

0

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.